



City Of Watertown
Department of Public Works
Curbside Pickup Dispensation Form

Please have your physician complete the following form and mail it to:

Department of Public Works
245 Washington Street
Watertown NY 13601
Fax: 782-0293

This is to certify that the following individual has condition(s) which inhibits his/her abilities to place materials curbside for pickup:

City Resident's Name: _____

City Resident's Address: _____

Brief Description
of condition/ailment: _____

Doctor's Name: _____

Doctor's Address: _____

(Doctor's signature)

(Date)